

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>			

Full Name of Payee California Nurses Association Iowa caucus			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2015 </div>	
Mailing Address 2000 Franklin Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 5000.00 </div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D691080 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 12 / 07 / 2015 </div>	
Purpose of Expenditure Online advertising		Category/ Type	Name of Federal Candidate BERNARD SANDERS <div style="display: inline-block; vertical-align: middle;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 5000.00 </div>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association Nevada primary			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2015 </div>	
Mailing Address 2000 Franklin Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 5000.00 </div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D691081 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 12 / 07 / 2015 </div>	
Purpose of Expenditure Online advertising		Category/ Type	Name of Federal Candidate BERNARD SANDERS <div style="display: inline-block; vertical-align: middle;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>	
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(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 10000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 10000.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015

Signature